

MEDICAL EXAMINATION REPORT

DRIVER COMPLETES THIS SECTION

DRIVER LICENSE NO.	CLASS APPLYING FOR <input type="checkbox"/> Original Certification <input type="checkbox"/> Renewal	SOCIAL SECURITY NO. — —
BIRTH DATE (MO., DAY, YR.) MO DAY YR	WORK TELEPHONE NO. ()	HOME TELEPHONE NO. ()
NAME (FIRST, MIDDLE, LAST)		
ADDRESS	CITY	STATE ZIP CODE

HEALTH HISTORY (Please explain any "YES" answers)

	YES	NO		YES	NO
Head, neck, or spinal injury	<input type="checkbox"/>	<input type="checkbox"/>	Permanent defect	<input type="checkbox"/>	<input type="checkbox"/>
Seizure, convulsions, or fainting	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disorder	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Any other nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>
Eye problem (except corrective lenses)	<input type="checkbox"/>	<input type="checkbox"/>	Problems with the use of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (heart or blood vessel) disease	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis or gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease (include TB and asthma)	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Nervous stomach or ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Suffering from any other disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Any major illness last 5 years	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease (including stones or blood in urine)	<input type="checkbox"/>	<input type="checkbox"/>	Any operations last 5 years	<input type="checkbox"/>	<input type="checkbox"/>
Muscular disease	<input type="checkbox"/>	<input type="checkbox"/>	Currently taking medicine	<input type="checkbox"/>	<input type="checkbox"/>
Extensive confinement by illness or injury	<input type="checkbox"/>	<input type="checkbox"/>			

EXPLANATION: (Include onset date, diagnosis, medication, physician's name and address and any current condition or limitation. Attach additional sheet, if needed).

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and is complete information concerning my health.

DRIVER'S SIGNATURE X	DATE
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PHYSICIAN, CHIROPRACTOR, PHYSICIAN'S ASSISTANT, OR ADVANCED PRACTICE NURSE COMPLETES THIS SECTION

DRIVER'S IDENTITY VERIFIED BY:
☐ California Driver License No.: _____ ☐ Other Photo ID (Specify ID used): _____

A completed examination form is on file in my office.

I certify under penalty of perjury under the laws of the State of California that I have examined the driver named above in accordance with the Motor Carrier Safety Regulations (49 CFR 391.41—391.49) and with knowledge of the driving duties, I find this person is:

☐ qualified UNTIL ____ / ____ / ____
 (Must insert date. Usually, it is two years from exam date.)

☐ qualified only when wearing: ☐ Corrective lenses ☐ Hearing aid ☐ medically unqualified unless driving within an exempt intracity zone.
☐ medically unqualified unless accompanied by a _____ waiver. ☐ not qualified

SIGNATURE OF AUTHORIZED MEDICAL EXAMINER X	DATE OF EXAM	LICENSE OR CERTIFICATE NO. /ISSUING STATE
NAME (PRINT)		1. PLACE DOCTOR'S OFFICE STAMP IN THIS SPACE
TITLE <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician (<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.) <input type="checkbox"/> Physician's Assistant	TELEPHONE NO. ()	
ADDRESS	CITY STATE ZIP CODE	

DMV COMPLETES THIS SECTION

REVIEWED BY	DATE	FIELD OFFICE	APP. DATE
HEADQUARTER'S REVIEW			

PHYSICIAN, CHIROPRACTOR, PHYSICIAN'S ASSISTANT, OR ADVANCED PRACTICE NURSE COMPLETES THIS SECTION

Check each item in appropriate box to show "Qualified" or "Not Qualified." See instructions for condition or defects that must be noted. Explain any special findings or test results **NOT** in an acceptable tolerance range. Use additional sheets, if needed.

Driver License Number _____ Name _____ Date of Exam _____

COLORED BOXES MUST BE COMPLETED	QUALIFIED	NOT QUALIFIED	EXPLAIN ABNORMAL FINDINGS OR CONDITIONS
2. General Appearance and Development. Note marked overweight and any defects that could be caused by alcoholism, thyroid intoxication, or other illnesses.			
3. Visual Acuity: Must be at least 20/40 in each eye with/without corrective lenses. UNCORRECTED CORRECTED CONTACTS? Both 20/____ 20/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Left 20/____ 20/____ Are the lenses well-adapted and Right 20/____ 20/____ tolerated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Peripheral Vision: Left ____° Right ____° Express in degrees. (Must be at least 70°.)			
5. Color Vision: Can distinguish red, amber, green as used in traffic signals.			
6. Pupillary Reflex. Light Check both eyes.			
7. Accommodation: Check both eyes.			
8. Eyes. Note any evidence of disease or injury.			
9. Hearing: can perceive forced whispered voice in the better ear at not less than five feet with or without hearing aid. Forced whisper heard in right ear ____ ft., left ear ____ ft. If audiometer used, hearing loss in decibels: Right ear: ____ at 500 Hz ____ 1,000 Hz ____ 2,000 Hz Left ear: ____ at 500 Hz ____ 1,000 Hz ____ 2,000 Hz			
10. Ears. Note any evidence of disease or injury.			
11. Romberg. <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			
12. Lungs/chest			
13. X-ray Results: If indicated. Check qualified if x-rays not necessary.			
14. Heart. Stethoscope exam required. Note murmurs, arrhythmias, and any evidence of cardiovascular disease. Electrocardiogram results, if indicated: If organic disease is present, is it fully compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Blood Pressure: If consistently above 160/90 mm. Hg., further tests may be necessary to determine if driver is qualified. (See instructions.) Systolic ____ Diastolic ____			
16. Pulse: Before exercise ____ . Immediately after 2 min. exercise ____ .			
17. Abdomen. Note any defects or injuries that could interfere with normal function. Note scars, abnormal masses, tenderness. Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? ____ Is truss worn? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Gastrointestinal. Ulceration or other disease. <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Genitourinary. Note scars, urethral discharge. Urinalysis is required. Urine: Spec. Gr ____ Alb ____ Sugar ____			
20. Upper and lower extremities. Record the loss or impairment of leg, foot, toe, arm, hand, or fingers.			
21. Spine: Note any disease or injury.			
22. Knee jerk reflex: Right: ____ Normal ____ Increased ____ Absent Left: ____ Normal ____ Increased ____ Absent			
23. Results of any other laboratory tests. Note any evidence of disease or injury indicated. (Attach extra sheets, if needed.)			
24. Mental condition. Note any condition requiring medication or therapy.			

MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO THE DRIVER

You may use this medical examination report when applying for a Commercial California Driver License (CDL) or certificates (School Bus, Youth Bus, SPAB, GPPV, or Farm Labor) that require a medical examination. This report also meets United States Department of Transportation (DOT) requirements. A driver who does not meet DOT's medical standards may, after evaluation by the Department of Motor Vehicles (DMV), be issued a restricted license if DMV determines the driver's condition will not affect his or her ability to drive safely.

- Drivers applying for, or who hold, a certificate to drive a school bus, school pupil activity bus, youth bus, general public paratransit vehicle, or farm labor vehicle must have this medical examination given by a physician licensed to practice medicine (Vehicle Code Section 12517.2).
- School bus drivers 65 years of age and older must submit a new medical report to DMV every year.

- Drivers applying for a Restricted Firefighter's License may use DMV's Health Questionnaire (DL 546), rather than this medical report.
- The Health Questionnaire (DL 546) may also be used by drivers applying for a Non-Commercial Class A license and those drivers who need the Agricultural Hazardous Materials or Waste Transportation Verification of Training.

Class A, B, or Commercial C License

The law says you must have a valid medical certificate (dated within two years) with you whenever you drive a class A or B or commercial C vehicle. This law also requires you to give a medical report to DMV when you first apply for the license and every two years thereafter. If the medical report is incomplete, your license application will be delayed or denied. NOTE: It is not necessary to give a copy of this report to the CHP.

If you qualify by using a hearing aid, you must wear the hearing aid and use it whenever you are driving. Also, you must keep with you a spare power source to use in the hearing aid.

Drivers renewing their medical certificate may mail this report to:

Department of Motor Vehicles
CDL Unit, J254
P. O. Box 944278
Sacramento, CA 94244-2780

If you are required to have a CDL as part of your job, your employer shall pay the cost of the examination unless it was taken before you applied for the job (Labor Code §231).

Your social security number is now required by law. Please bring your social security card or payroll receipt which includes this number with you to the DMV office.

Information on Drug Testing

Federal regulations and state law have established minimum standards for commercial motor carriers' antidrug programs including testing for the use of controlled substances. This testing requirement applies to drivers required to have a Commercial drivers license.

Your employer will tell you whether or not your medical exam should include a drug test.

INSTRUCTIONS FOR THE PHYSICIAN, CHIROPRACTOR, PHYSICIAN'S ASSISTANT, OR ADVANCED PRACTICE NURSE

Review these instructions before examining the driver. If you are a licensed Physician's Assistant or Advanced Practice Nurse, **you must be under a physician's supervision to perform this exam.** Only a physician may perform this exam for persons who will drive school buses, school pupil activity buses, youth buses, general public paratransit vehicles, or farm labor vehicles. Before issuing a medical certificate to the driver, you are required to certify that the driver has no physical, mental or organic defect that affects the driver's ability to drive a commercial vehicle safely. **The physical qualification requirements for commercial drivers have been shaded for your convenience throughout these instructions.** The complete text of these requirements can be found in Subpart E of Part 391 of Title 49, Federal Motor Carrier Safety Regulations, which may be purchased from:

Superintendent of Documents
P. O. Box 371954
Pittsburg, PA 15250-7954
Phone (202) 512-1800
FAX (202) 512-2250

DMV also has a booklet, *The Medical Exam For Commercial Drivers; A Guide For Physicians*. This booklet contains guidelines that supplement the federal regulations. Medical examiners may request a copy of this booklet by calling (916) 657-5691.

State and federal laws require this exam.

GENERAL INFORMATION

- In the space provided on this report, indicate how the driver's identification was verified.
- Review the driver's health history. If the driver checks any "yes" answers, ask about them. A history of certain conditions may indicate the need for a more thorough examination and/or laboratory tests before determining if the driver qualifies. Even if a condition does not disqualify a driver, advise the driver to take the necessary steps to correct the condition. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

COMPLETING THE MEDICAL REPORT

Checking the Correct Box

- **Is qualified until** _____ / _____ / _____ **(Must insert date)**
If the driver is medically qualified, check this box and insert the appropriate date (normally two years from the medical exam date).
- **Medically unqualified unless accompanied by a** _____ **waiver.**
Please attach a **copy** of the federal waiver to the medical report. If you have questions about federal waivers, call the Office of Motor Carrier Safety at (916) 498-5050 or (909) 653-2299.

- **Qualified by operation of 49 CFR 391.64.**
Less than 200 drivers in California qualify for this exemption. These drivers were part of a vision and diabetes pilot study and they must meet certain requirements in order to maintain this exemption. Please call the Office of Motor Carrier Safety at (916) 498-5050 or (909) 653-2299 if you have questions.
- **Medically unqualified unless driving within an exempt intracity zone.**

This box would rarely, if ever, apply to a driver in California. To qualify for this exemption, a person must have worked as a commercial driver for a year prior to November 1988, in an exempt intracity zone with a disqualifying medical condition that existed on 7/1/88 and cannot have worsened substantially since that date. A driver applying for this exemption must produce for the medical examiner proof of employment as a commercial driver in an exempt intracity zone from November 1987 through November 1988 and a copy of the first medical finding which led to the issuance of the intracity zone exemption. If you have questions about this exemption, please call (916) 657-8917.

The numbers below correspond to the numbers on the medical report form. **As you complete items 2-24, you will find some items that have no clearly defined measures to indicate a driver is "qualified" or "not qualified." For such items, please check "qualified" if the driver's condition appears within normal limits. Please explain any abnormal findings or conditions in the space provided.**

1. **DOCTOR'S OFFICE STAMP.** Place your office stamp or your business letterhead in this space. Please do not leave this section blank.

2. **GENERAL APPEARANCE AND DEVELOPMENT.** State if the driver is markedly overweight or has any posture defect, perceptible limp, tremor, or any other defect that would be caused by alcoholism, thyroid intoxication, or other illnesses.

A driver who has a current clinical diagnosis of alcoholism is not qualified.

If an individual shows signs of having a possible alcohol problem, he or she should be referred to a specialist trained to deal in such matters. After this individual has been treated and/or undergone appropriate counseling, s/he may be considered for certification.

A driver is not qualified if he or she has an established medical history or clinical diagnosis of any:

- rheumatic disease
- arthritic disease
- orthopedic disease
- muscular disease
- neuromuscular disease, or
- vascular disease

which interferes with the driver's ability to control and operate a motor vehicle safely. A driver also is not qualified if he or she has an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle. A driver is not medically qualified if he or she uses a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. However, a driver may use such a substance or drug if it is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

3. **VISUAL ACUITY.** To qualify, visual acuity must be at least 20/40 in each eye. Distance binocular acuity must be at least 20/40 (Snellen) in both eyes. Monocular drivers are not qualified to drive commercial motor vehicles. If the driver wears glasses or contact lenses, test each eye with and without correction. If the driver needs lenses to meet the 20/40 standard, check the box "Qualified only when wearing corrective lenses." If the driver will wear contact lenses while driving, check that he or she has adapted well to using them.

4. **PERIPHERAL VISION.** To qualify, the driver's field of vision must be at least 70 degrees or greater in the horizontal meridian in each eye.

5. **COLOR VISION.** Even though the driver may have a color perception deficiency, to qualify, the driver must be able to recognize the colors of traffic signals and devices showing "signal" red, green, and amber. If color perception test findings are doubtful, you may give the driver a controlled test using signal red, green, and amber to see if the driver can recognize these colors.

6. **PUPILLARY REFLEX.** Note whether pupillary reflex of each eye to light is normal or abnormal.

7. **ACCOMMODATION.** Note if accommodation in each eye is normal.

8. **EYES.** Note ptosis, discharge, visual field defects, ocular muscle imbalance, corneal scar, exophthalmos or strabismus, uncorrected by lenses. Note any evidence of disease or injury.

9. **HEARING.** Note hearing test results. If the first ear tested meets the standard, the other ear need not be tested. To qualify, a driver must be able to perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid. If you test the driver using an audiometric device, the average hearing loss in the better ear can not be greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the testing device is calibrated to American National Standard (Formerly ASA Standard) Z24.5-1951.

If the testing device used is the International Standards Organization (ISO) Calibration Standards, you must convert the audiometric results from the ISO standards to the American National Standards (ANSI) as follows:

(1) at 500 Hz subtract 14 dB from the ISO reading to get the ANSI reading, (2) at 1,000 Hz subtract 10 dB from the ISO reading, and (3) at 2,000 Hz subtract 8.5 dB from the ISO reading. The final figure is derived by averaging the readings to the three frequencies (i.e., if the loss reading at 500 Hz is 30 dB, at 1,000 Hz is 30 dB, and at 2,000 Hz is 52 dB, the average of the three readings is 34 dB. The driver is qualified.)

10. **EARS.** Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo or Meniere's Syndrome.

11. **ROMBERG.** If abnormal Romberg is reported, explain degree of impairment in the comments.

12. **LUNGS/CHEST.** *To qualify*, a driver must not have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with safe driving. If any lung disease is found, state whether the disease is active or arrested. If arrested, give your opinion about how long it has been arrested. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving. Conditions that can incapacitate include emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis, and fibrotic pleurisy. Prolonged or chronic hypoxia, which may accompany certain respiratory dysfunctions, will produce drowsiness, lassitude, depressed mental activity, euphoria, dyspnea, cyanosis, and may eventually lead to convulsions and coma. Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. If you determine that a respiratory condition is, in any way, likely to interfere with the driver's ability to safely drive a motor vehicle, then the driver is not qualified.

13. **X-RAY RESULTS.** Show the results of any x-rays taken. Attach additional sheets, if needed.

14. **HEART.** *To qualify*, a driver must not have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

A stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease that is disqualifying. Require an electrocardiogram, if indicated.

It is the intent of the Federal Motor Carrier Safety Regulations to disqualify a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure, but the subjective decision whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.) it is suggested, before a driver is certified, that she/he have a normal resting and stress EKG, no residual complications, no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery is a remedial procedure and not a cardiovascular condition. Thus, while the operation itself does not disqualify the driver, the underlying condition which necessitated the operation may be disqualifying, but the final determination must be made on an individual basis by the doctor.

Pacemaker implantation is not a cardiovascular condition; however, the underlying condition which necessitated the operation may be disqualifying. The final determination must be made on an individual basis by the doctor.

15. **BLOOD PRESSURE.** A driver is disqualified if he or she has a clinical diagnosis of high blood pressure likely to interfere with the driver's ability to drive safely. Normal blood pressure is 160 or less, systolic, and 90 or less, diastolic.

Readings of 161-180 systolic and/or 91-104 diastolic show mild hypertension. You may find such a driver medically qualified for a three-month period while treatment is instituted. Place a three-month expiration date on the medical certificate and note this in the explanation section of the report. If the driver's blood pressure is reduced to 160/90, or below, you may issue the medical certificate for one year, but the driver's blood pressure **must** be rechecked within the first three months of the year. After that, the driver **must** be recertified **annually**. **The medical certificate must show this expiration date.**

Blood pressure greater than 180 systolic, and/or 104 diastolic is considered moderate to severe hypertension. The driver is unqualified until his or her blood pressure is reduced to below 181/105. Documentation of continued control should be made every six months and the driver should be recertified every six months.

Evaluation of the hypertensive commercial driver should consist of a search for additional risk factors and evidence of target organ damage. Ask about smoking, cardiovascular disease in relatives, and immoderate use of alcohol. Complete an electrocardiogram (ECG) and blood profile, including glucose, cholesterol, HDL cholesterol, creatinine and potassium. An echocardiogram and chest x-ray should be done for drivers with moderate or severe hypertension.

Since the presence of target organ damage increases the risk of sudden collapse, group 3 or 4 hypertensive retinopathy, left ventricular hypertrophy not otherwise explained (echocardiographic or ECG by Estes criteria), evidence of severely reduced left ventricular function, or serum creatinine of greater than 2.5 warrants the driver being found unqualified to operate a commercial motor vehicle in interstate commerce.

Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Side effects of somnolence or syncope are particularly undesirable in commercial drivers. Commercial drivers should be told the side effects of drug therapy and the interaction of their drugs with other prescription drugs, nonprescription drugs, and alcohol.

A commercial driver who has normal blood pressure three or more months after a successful operation for pheochromocytoma, primary aldosteronism (unless bilateral adrenalectomy has been performed), renovascular disease, or unilateral renal parenchymal disease and who shows no evidence of target organ damage should be qualified. If residual hypertension is present and can be controlled with acceptable drugs and there is no target organ disease, the driver should be qualified on the same basis as those with essential hypertension.

16. **PULSE.** Show pulse before exercise and immediately after two minutes of exercise. Explain any unusual pulse rate such as that of a conditioned athlete.

17. **ABDOMEN.** Note any wounds, injuries, scars, or weakness of abdominal wall muscles that could interfere with normal function. Note any hernia. Note any abnormal masses, note location if tender, and indicate if driver knows how long they have been present. If your diagnosis suggests the condition may interfere with safe driving, more stringent tests

must be made before certifying the driver is qualified.

18. **GASTROINTESTINAL.** Note any diseases of the gastrointestinal system.

19. **GENITOURINARY. Urinalysis is required.** A driver is disqualified by an acute infection of the genitourinary tract (as defined by local and state public health laws), indications of uncontrolled diabetes, symptomatic albuminuria in the urine or other findings indicating conditions likely to interfere with safe driving.

A diabetic who uses insulin for control does not meet the minimum physical qualification. If the condition can be controlled through oral medication and diet, then an individual may be qualified.

20. **UPPER AND LOWER EXTREMITIES.** Carefully examine upper and lower extremities. Note any deformities/atrophy, semiparalysis, paralysis, or varicose veins. If the driver's hand or finger is deformed, see if the driver's grasp would allow him or her to hold and maintain a grip on the steering wheel. If the driver's leg is deformed, is it strong and mobile enough to use foot pedals properly?

A driver is not qualified to drive commercial vehicles interstate if he or she has lost a foot, a leg, a hand, or an arm (unless the driver has been granted a waiver under federal regulations). A driver is not qualified if the driver's hand or finger is impaired enough to interfere with prehension or grasping power. A driver is not qualified if the driver's arm, foot, or leg is impaired enough to interfere with the ability to perform normal tasks associated with operating a motor vehicle, or if the driver has any other significant limb defect or limitation which interferes with safe driving.

21. **SPINE.** Note any deformities, limitation of motion, or any current or past history of pain, injuries, or disease in the cervical or lumbar spine region. If needed, use radiologic or other examinations to diagnose congenital or acquired defects, or spondylolisthesis and scoliosis.

22. **KNEE JERKS REFLEX.** Report knee jerks "absent" only when not obtainable upon reinforcement and as "increased" when foot is actually lifted from the floor following a light blow on the patella. Sensory, vibratory, and positional abnormalities should be noted.

23. **RESULTS OF ANY OTHER LABORATORY TESTS.** If the medical history or examination results show other tests are necessary, they are required before the driver may be considered qualified. A seriological test is required if the driver has a history of luetic infection or findings that indicate the driver may have latent syphilis. You may order other studies you consider advisable. Additional sheets may be attached.

24. **MENTAL CONDITION.** A driver is not qualified if he or she has a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with safe driving.

Explore somatic and psychosomatic complaints thoroughly. Disorders of a periodically incapacitating nature, even in the early stages of development, warrant disqualification. The degree to which an individual is able to appraise, evaluate, and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of driving commercial vehicles.

Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interferes with the driver's ability to drive safely. Those drivers who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification.